



USAID SOUTH AFRICA SCHOOL-BASED SEXUALITY AND HIV PREVENTION EDUCATION ACTIVITY

SGB ADVOCACY ON SEXUALITY AND HIV EDUCATION PREVENTION- FACILITATOR MANUAL

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School Governing Bodies (SGBs) Advocacy on Sexuality and HIV Prevention Education

Facilitator's Resource Manual



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Comments and suggestions are welcome and should be sent to: The Director General, Department of Basic Education, for the attention of the Health Promotion Directorate, Private Bag X895, Pretoria, 001.

Website: www.education.gov.za

This **SGB Advocacy Workshop Facilitator's Manual** may not be sold.

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ACRONYMS

AIDS:	Acquired Immune Deficiency Syndrome
ANC:	antenatal care
CAPS:	Curriculum and Assessment Policy Statement
CBOs:	community based organisations
CSE:	comprehensive sexuality education
CTOP:	choice of termination of pregnancy
DBE:	Department of Basic Education
DBST:	district-based support teams
DOH:	Department of Health
DSD:	Department of Social Development
EDC:	Education Development Centre
HIV:	Human Immuno-deficiency Virus
ISHP:	Integrated School Health Policy
LO:	Life Orientation
MMC:	medical male circumcision
NGOs:	non-governmental organisations
PEPFAR:	The United States President's Emergency Plan for AIDS Relief
PMTCT:	prevention of mother to child transmission
SAG:	South African Government
SBST:	school-based support team
SE:	sexuality education
SFH:	Society for Family Health
SGBS:	School Governing Bodies
SLP:	scripted lesson plan
SMTs:	School Management Teams
SRH:	sexual and reproductive health
STI:	sexually transmitted infections
TB:	Tuberculosis
USAID:	United States Agency for International Development

WORKSHOP GOAL

This Workshop manual was developed to sensitise school governing bodies (SGBs) about the *South African School Based Sexuality and HIV Prevention Education Activity as it impacts on school and policy framework in line with role and responsibilities of SGB.*

WORKSHOP OBJECTIVES

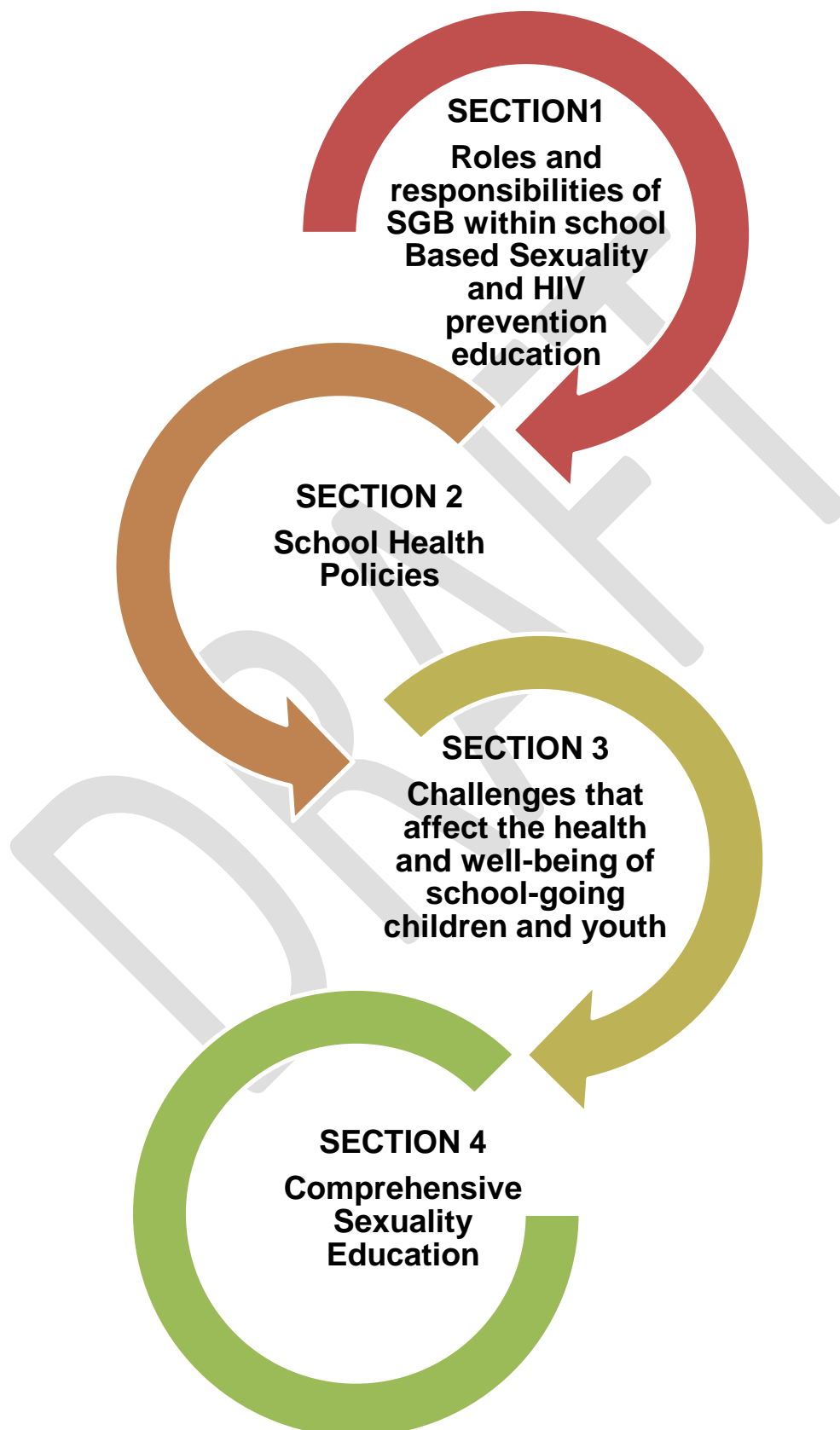
At the end of the Workshop participants will be able to:

- a) Explain what comprehensive sexuality education is and articulate what parents need to know;
- b) Discuss the challenges that affect the health and well-being of school-going children and youth, with regard to both their immediate and future health
- c) Describe the roles and responsibilities of the SGBs within the School Based Sexuality and HIV Prevention Education Activity
- d) Outline the Policies that address the health needs of school-going children and youth

Workshop Agenda

Time	Topics
9H00	<ul style="list-style-type: none"> • Registration • Welcome and Introductions • Ground rules • Pre-course test • Course expectations • Orientation on training – Vision Board
10H00	Tea
10H30	Sexuality Education - Value Clarification
11H15	Challenges that affect the health and wellbeing of learners
12H00	Roles and responsibilities of SGB
12H30	School Health policies
13H00	LUNCH
13H45	Sexuality Education Implementation plan – Gallery walk
14H30	<ul style="list-style-type: none"> • Tying up loose ends • Way forward • Evaluation • Post -test course • Revisit course expectations
15H00	Closure

This Facilitator Resource Manual is divided into four sections namely:



BACKGROUND OF THE SA SCHOOL BASED SEXUALITY AND HIV PREVENTION EDUCATION

The Department of Basic Education (DBE) has developed an Integrated Strategy on HIV, AIDS, STIs, and TB, 2012-2016 in response to the National Strategic Plan on HIV, STIs and TB 2012-2016. The key components of the strategy are to;

- Increase HIV, STI, TB knowledge and skills among learners, educators and officials
- Decrease risky sexual behaviour among learners, educators and officials
- Decrease barriers to retention in schools, in particular, for vulnerable learners.

The Curriculum and Assessments Policy Statement (CAPS) for Life Orientation (LO) for Grade 4 through to Grade 12 includes concepts, knowledge, values and attitudes that deal with sexuality education and reproductive health. These grades were chosen because there is a strong body of evidence available on sexuality education for this age group. The evidence shows that lack of teaching opportunity in the classroom for learners is the biggest challenge to; a) decreasing risky sexual behaviour, b) engaging learners on issues that will encourage them to change their behaviour, c) making decisions regarding delaying sexual debut and d) providing them with the support they need.

The *South African School-based Sexuality and HIV Prevention Education Activity* (The Activity) is aimed at reducing new HIV infections among learners and educators. This Activity allows the Department of Basic Education (DBE) to implement high quality, evidence-informed sexuality and HIV prevention education programs.

The Education Development Center (EDC) through funding from USAID, is the lead implementing partner for this Activity. EDC has partnered with three organisations: Society for Family Health (SFH), HEARD and Mott Macdonald to ensure a more supportive environment for school-based sexuality education and extend learning to families. The partnership is building the capacity of school management teams, educators, SGBs and parents.

The Activity is specifically designed to strengthen South African Government's (SAG) efforts to link education and health sectors' initiatives that share a common purpose i.e. a reduction in the incidence of new HIV and TB infections among young people, the provision of life skills, improved knowledge and links to HIV care and Sexual Reproductive Health (SRH) services for learners. The Activity will be implemented at identified schools in 8 districts, in 5 provinces: Gauteng (Johannesburg West District), Mpumalanga (Bohlabela and Gert Sibande), Western Cape (Metro North), Free State (Maluti a Phofung) and KwaZulu Natal (uThungulu, Umlazi and Pinetown).

Life Orientation educators from these schools will be trained and supported by EDC to teach the SLPs. The *South African School-based Sexuality and HIV Prevention Education Activity* is not designed to provide clinical healthcare services to learners. It is designed to support the South African Government in the delivery of in-service training of educators on the teaching of sexuality education. The Activity aims to strengthen systems, knowledge and resources within the DBE to maximise educators' ability to teach sexuality and HIV prevent.

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SYMBOLS USED IN THIS WORKSHOPMANUAL



Facilitator Instructions



Learning and Session Outcomes



Resources



Duration of Session



Key Message



Activity

INTRODUCTION AND OVERVIEW

The overview establishes the climate for this workshop.



- The facilitator(s) will welcome the participants,
- Introduce themselves
- Review the goals and objectives of this Workshop and
- Allow the participants to introduce themselves and participate in an icebreaker exercise.

Outcome of the session

By the end of this session, participants will be able to:

- List the aims of the Workshop programme.

Preparation by the facilitator



1. Familiarise yourself with the facilitators' guide and the participants' manual.
2. Familiarise yourself with the environment in which the Workshop will take place, including the rest rooms.
3. You will need the following resources and materials:

- | | |
|---|---------------------|
| ▪ Name tags (one for each participant and facilitator) | ▪ Laptop |
| ▪ Flip chart and markers (preferably in a variety of colours) | ▪ Projector |
| ▪ A watch or timer (preferably one with a second hand) | ▪ An extension cord |
| ▪ Water and glasses (for all participants) | |
| ▪ Scissors/stapler/paperclips | |

Session outline

This session will cover the following:

- a) Welcome and registration
- b) Introductions
- c) Ground rules
- d) Course expectations
- e) Pre-course knowledge assessment
- f) Workshop objectives
- g) Learning activity – *Visual board: My child's future*
- h)

A. Welcome and registration

Materials

- registration form



Estimated time: 15 minutes

Methodology

1. Welcome the participants to the workshop.
2. Hand out the registration form.
3. Ask the participants to complete all details on the registration form.
4. Collect the completed forms.

B. Introductions



Estimated time: 15 minutes

Methodology

1. Introduce yourself (Facilitator) by stating:
 - a) Your name,
 - b) Your Workshop experience, and

- c) Your experience specifically related to schools' health and sexuality education.
2. Proceed to the icebreaker which can be used to make the participants feel comfortable and relaxed.
3. Ask your co-facilitator to introduce themselves as above.
4. Ask the participants to fill in their name tags.

C. Ground rules

Materials

- blank flip chart
- marker pens
- Prestik



Estimated time: 10 minutes

Methodology

1. Ask your co-facilitator to write down the rules that have been agreed upon, on a sheet of flip chart paper
2. Indicate to the participants that for the Workshop to run smoothly and to achieve all the objectives of the workshop, the group will identify ground rules that all will adhere to.
3. At the end of this exercise the group will agree to adopt the ground rules.
4. Ensure that the following points are raised during this exercise:
 - a) Punctuality;
 - b) Confidentiality;
 - c) Respect for each other and each other's opinions;
 - d) Use of official names or ranks, according to protocol; and
 - e) Attendance.
5. Appoint a time keeper, if necessary.
6. Provide housekeeping information (i.e. locations for bathrooms, phones, emergency exits, etc.)



D. Course expectations

Materials

- blank flip chart
- marker pens
- Prestik
- prepared flip chart with the heading “Parking Lot”

Methodology

1. Ask the participants what they would like to achieve by the end of the workshop.
2. Ask your co-facilitator to write the participants responses on the flip chart.
3. Introduce the “parking lot” flip chart to the group and inform the participants that you will keep this “parking lot” up on the wall. When a topic comes up that you cannot address during that session, you will place the topic in the “parking lot”. The participants may also place topics in the “parking lot” during the breaks. At the end of the day, or at any time that is convenient before the end of the workshop, you will address the issues that have been “parked”.

E .Pre-course knowledge assessment



Materials

- Pre-course knowledge assessment



Estimated time: 20 minutes

Methodology

1. Give the pre-course knowledge assessment to the participants.
2. Begin by saying the following:
Before we get started I am going to ask you to take a few minutes to complete a pre-course knowledge assessment. This will help us to determine the effectiveness of the workshop. Please answer as many questions as you can and if you do not know the answer to any question, feel free to write, “I don’t know”.
3. As the participants fill in the pre-course knowledge assessment, go around the room checking on their progress and that they respond to all the questions and provide help where needed.
4. If the questionnaire is in English, be prepared to translate each question into the vernacular language of your participants, as there are likely to be participants who are not comfortable with

the language. If the questionnaire is in the vernacular of the area, ensure that the participants can read the questions and are able to answer on their own.

Note to the facilitator

It is important to emphasise to the participants that the pre-course knowledge assessment is a way to assess their basic knowledge and comfort with the course content. The participants may need to be reassured that they are not expected to know all the answers, prior to taking this course, and that the assessment results will be kept confidential.

Participants should not put their names on the pre-course knowledge assessment; however, during the analysis, we need to be able to match the pre-course knowledge assessment responses to the post-Workshop responses by using an identifier not linked to a participant's identity.

Please reassure your participants by stating the following:

"It is okay if you do not know the answers to most of the statements on this pre-course knowledge assessment. Just respond to the questions that you are able to respond to. On the last day of the workshop, you will respond to a post-Workshop questionnaire which will have some of the same questions. We will compare your answers from this pre-Workshop questionnaire to your post-Workshop questionnaire and use that information to help improve this workshop."

You will learn this material and have time to practise certain elements during this workshop, before taking the post-Workshop assessment. Most importantly, your answers are strictly confidential and will only be used to improve the instructions and materials in this course. Do not put your name on the questionnaires. You will be given a number when you fill in the pre-course knowledge assessment. Please use the same number for the post-Workshop questionnaire."

Some people may have difficulty reading or understanding the words used in the pre-course knowledge assessment and may need assistance. Please let us know if you would like assistance with this.

F. Workshop objectives



Materials

- Slide with list of Workshop objectives

Methodology

1. Present the Workshop objectives slide to the participants. The text on the slide is below:

By the end of the workshop, participants will be able to:

- *Conduct parent engagement activities,*
- *Advocate for comprehensive sexuality education (CSE) in their school community, and*
- *Work with SMT and other resource persons to make referrals and address challenges within their community.*

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LEARNING ACTIVITY: VISION BOARD: MY CHILD'S FUTURE

Materials



- magazines
- scissors
- flip chart stand and paper
- paper adhesive



Estimated time: 50 minutes

Methodology

1. Introduce the vision board (activity where in participants use symbols to visualise their future role in sexuality education).
2. Ask the participants to divide themselves into groups of 10, preferably with participants from a different school or community.
3. Give each group magazines, flip chart paper, scissors and paper adhesives.
4. Give the participants the following instructions:
 - a) Using the magazines, flip chart paper, scissors and paper adhesives to put together a vision board of their child's future.
 - b) Cut out pictures from the magazines that portray the future you visualise for your child.
 - c) Stick the pictures that illustrate your child's future on the flip chart.
5. Ask one or two groups to share with the larger group the vision board, the future they dream for their child.
6. Ask the participants to identify barriers that may stop their child from reaching their future or not achieving the dreams they have.
7. Ask the participants how they feel about the barriers identified and summarise the activity emphasising the key message.
8. Thank the group and acknowledge their contributions.

SECTION 1



Roles and responsibilities of the SGBs within the School Based Sexuality and HIV Prevention Education Activity

LEARNING OBJECTIVE 1:

Describe the roles and responsibilities of the SGBs within the School Based Sexuality and HIV Prevention Education Activity

LEARNING ACTIVITY 1.1 Roles and responsibilities of School Governing Body

Aim of the Session

This session aims to make parents aware of the responsibility of the SGBs in the sexuality education and HIV prevention activity

LEARNING OUTCOMES



At the end of this learning unit participants will be able to:

- Define school governance
- Describe the difference between school governance and management
- Explain the role of SGBs in sexuality and prevention education



Materials

- Flip chart stand and paper
- Markers (preferably in a variety of colours)
- Prestick
- Facilitators' guide
- Participants' manual



Estimated time: 30 minutes

Methodology

1. Provide instructions to the participants on how they will execute their task.
2. Divide the large group into 3 smaller groups.
3. Provide participants with topics for this session's task.

Participant Instructions

What is School Governance

Roles and responsibilities of the SGBs

What is the difference between SGB and Management

4. Inform the participants of how much time they have been allocated for the task e.g. 30 minutes.
5. Ensure that all the participants are involved in the brainstorming session.
6. Allow the participants to present their work.
7. Allow the participants to give feedback.

8. Provide your input on the task and the feedback from the participants.
9. Before closing the discussion facilitator assesses if there are any questions, if any the facilitator addresses them.
10. Ask the participants to read through the manual to consolidate the work done in this session.
11. Close the activity by explaining the key message to group
12. Thank the participants and acknowledge their contributions.

1.1 WHAT IS SCHOOL GOVERNANCE?

School governance is about creating, implementing, supervising and evaluating policies and rules, which guide and govern the actions of the school and its members (source: <http://www.populareducation.co.za/>).

1.1.1 What is the difference between school governance and school management?

School Governance	School Management
<ul style="list-style-type: none"> ▪ Creation of policies for the school ▪ Making sure that the school is run according to the set policies ▪ Raising money for the school (Fundraising) 	<ul style="list-style-type: none"> ▪ Implementers of school policies ▪ Day to day running of the school ▪ Managing teaching and learning ▪ Managing staff ▪ Planning of the curriculum ▪ Assessment of educators and learners

NB: The principal together with the School Management Team (SMT) are responsible for school management.

1.2 The role of the SGBs in Supporting Comprehensive Sexuality Education

SGBs have an important role to play in achieving better health outcomes for learners and educators in schools. Active involvement of the SGBs is required as well as the buy-in of the entire school community for the success of the Integrated School Health Policy including community leaders (such as traditional and faith-based leaders and ward councillors).

To ensure support and understanding within the school community sexuality education, SGBs play the following roles:

- a) To ensure that there are policies in school that addresses health needs and wellbeing of school going children

- b) To enforce implementation of policies that address the health needs and wellbeing of school going children
- c) Conducting advocacy to build support and address barriers within the school community to sexuality and prevention education.
- d) To ensure that school budget caters for integrated school health programmes
- e) Attend meetings and Workshops on the *South African School-based Sexuality and HIV Prevention Education Activity*;
- f) Link the school with other community-based stakeholders that can support the sexuality and HIV prevention education Activity;
- g) Create awareness during community meetings/Imbizos on issues related to the *South African School-based Sexuality and HIV Prevention Education Activity*;
- h) Support the school management to enhance the effectiveness and implementation of school health policies.

SECTION 2



Policies that address the health needs of school going children and youth

LEARNING OBJECTIVE 2:

Outline the Policies that address the health needs of school-going children and youth

LEARNING ACTIVITY 2.1: School Health Policies

Aim of the session

This session aims to demonstrate an understanding of the policies that address the health needs of school going children and youth.

LEARNING OUTCOMES

At the end of this learning unit participants will be able to:

- Outline policies that address health needs of school going children and youth
- List the programmes and strategic plans that enhance implementation of school health policies.



Materials

- Flip chart stand and paper
- Markers (preferably in a variety of colours)
- A watch (preferably one with a second hand)
- Laptop
- Data projector
- An extension cord
- Facilitators' manual

Methods:

- Brainstorming
- Round-the-room
- Presentation



estimated time: 30 minutes

Methodology

1. Explain the task to the participants.
2. Divide the group into 4 smaller groups.
3. Assign a topic to each group.

Basic components of health programme	Describe 6 pillars of DBE National Policy on HIV, STIs & TB
--------------------------------------	---

Name and describe School Health Policy	Explains Programmes and strategic plans
--	---

4. Explain the time allocated for the task.
5. Ensure that all the participants are involved in the brainstorm session.
6. Allow each group to give feedback to the rest of participants, once each group has completed their assigned task.
7. Ask for input from the participants during the feedback session.
8. Conduct a question and answer session with the participants.
9. Answer any questions and make your final comments on the task and the group discussion.
10. Wrap up the session by addressing any outstanding issues.
11. Thank the participants and close session by sharing the key message.

2.1 Background and introduction

The South African Government has pledged to “put children first” by signing to the United Nations Convention on the Rights of the Child and by according children special recognition in the Bill of Rights of the South African Constitution.

The World Health Organization (WHO) defines a school health programmes as a combination of services ensuring the physical, mental and social well-being of learners so as to maximize their learning capabilities. The following basic components of a school health programme should be provided in all schools:

- Health-related school policies
- Ensure a healthy physical, learning environment, emphasizing safe water and sanitation
- Skills-based health education
- School-based health and nutrition services

2.2 Education policies

The policies in Basic Education are all geared towards providing a healthier and more enabling school environment and intersect with many of the sentiments embodied in health policies and programmes.

2.2.1 DBE NATIONAL POLICY on HIV, STIs and TB

2.2.1.1 Policy goals

- Improved coordination and mainstreaming of Basic Education Sector response to HIV, STIs, TB and unintended pregnancy, to accelerate implementation of a comprehensive strategy for prevention, treatment, care and support.
- Increased knowledge, cognitive skills and information about safer sex, life skills in general and HIV, STIs and TB in particular, to inform the life choices of all learners, educators, school support staff and officials and protect them from infection and disease.
- Improved access to HIV, STIs and TB prevention, diagnosis, treatment and care and support services to reduce the incidence and impact of HIV, STIs, TB and unintended pregnancy amongst learners, educators, school support staff and officials.
- Increased retention and reintegration of learners, educators, school support staff and officials in a safe and protective education environment, to improve system efficiency, quality and output.

2.2.1.2 Policy themes/pillars objectives

a) Creating an Enabling Environment The Basic Education System provides an enabling and supportive environment in which a comprehensive and sustainable response to HIV, STIs, TB and unintended pregnancy is publicly endorsed and supported by leadership at the national, provincial, district and institutional level.	b) Prevention All learners, educators, school support staff and officials in the Basic Education Sector have appropriate skills, knowledge, information, materials, services and commodities to empower them to make informed life choices to protect themselves from HIV, STIs and TB as well as unwanted pregnancy.
c) Treatment, Care, Counselling and Support Schools, educational institutions and workplaces in the Basic Education Sector provide a positive and supportive environment where all learners, educators, school support staff and officials living with or affected in any way by HIV, STIs, TB or unwanted pregnancy can access information, treatment, care, counselling and support	d) Impact Mitigation To mitigate the impact of HIV, STIs, TB and unwanted pregnancy on those individuals and groups not otherwise prioritised by the Basic Education System's prevention, treatment, care, support and workplace programmes through the provision of a structured and empowering environment.
e) Workplace Issues The Basic Education Sector workplace is characterized by non-discriminatory labour practice, sensitivity and responsiveness to the needs of those living with or affected by HIV, STIs, TB or pregnancy, and is free of	f) Management of Policy Response Sustainable management structures and strategies are in place at all levels of the Basic Education Sector to plan and implement this HIV, STIs and TB Policy and monitor and report its progress and success over the life of the Policy.

risk and stigma for all educators, school support staff and officials.	
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2.2.2 Integrated School Health Policy (ISHP)

This policy focuses on addressing both the immediate health problems of learners (including those that constitute barriers to learning) as well as implementing interventions that can promote their health and well-being during both childhood and adulthood.

Whilst provision of school health services will initially focus on ensuring that services are provided to learners in the most disadvantaged schools, ensuring that coverage is progressively extended to all schools and learners will remain a priority.

Objectives of ISHP

- To provide preventive and promotive services that address the health needs of school-going children and youth with regard to both their immediate and future health
- To support and facilitate learning through identifying and addressing health barriers to learning
- To facilitate access to health and other services where required
- To support the school community in creating a safe and secure environment for teaching and learning.

The School Health Policy objectives will be achieved through the following key strategies:

- Health Promotion and Health Education
- Provision of an essential package of health services in schools
- Coordination and Partnership
- Capacity Building
- Community Participation

2.2.3 The Youth and Adolescent Health Policy

The Adolescents and Youth Health Policy aims to promote the health and wellbeing of young people, aged 10-24 years. The policy addresses the following objectives:

- Use innovative, youth oriented programmes and technologies to promote the mental health and wellbeing of adolescents and youth
- Provide comprehensive, integrated sexual and reproductive health services

- Test and treat for HIV and TB, and retain patients within healthcare services through supporting better adherence to medicines
- Prevent violence and substance abuse
- Promote healthy nutrition and reduce obesity.
- Empower adolescents and youth to engage with policy and programming on youth health

2.2.4 Other policies that enhance the health and wellbeing of school going children and youth include the following:

- Immunisation Policy
- Child and Adolescent Mental Health Policy Guidelines
- Policy Guidelines for the management and prevention of Genetic Disorders, Birth Defects and Disabilities
- Regular Treatment of School Going Children for Soil Transmitted Helminth Infections and Bilharzia Policy and Implementation Guidelines
- The Child Care Act 74 of 1983 as Amended
- The South African Schools Act (No. 84 of 1996)

SECTION 3



Challenges that affect the health and well-being of school-going children and youth

LEARNING OBJECTIVE 3:

Discuss the challenges that affect the health and well-being of school-going children and youth, with regard to both their immediate and future health

LEARNING ACTIVITY 3.1: Challenges that affect the health and well-being of school-going children and youth

Aim of the session:

This session aims to summaries challenges that affect the health and well-being of school-going children and youth.

LEARNING OUTCOMES



At the end of this learning unit participants will be able to:

- Identify challenges that affect school going children and youth;
- Discuss the current statistics that affect the health and well-being of school-going children and youth, with regard to both their immediate and future health;

Materials



- A4 sheets of paper with statements or activity sheet with statements
- Flip chart stand and paper
- Markers (preferably in a variety of colours)
- A watch or timer (preferably one with a second hand)
- Facilitators' manual



Estimated time: 45 minutes

Method:

- Brainstorming
- Group discussion
- Lecture

Methodology

1. Introduce the topic and go through the learning outcomes with participants.
2. Divide the participants into two groups. Ask each group to nominate a scribe, a facilitator and a presenter.
3. Provide each group with flip chart paper and markers and assign one of the following sets of questions to each group:
4. Give the participants 30 minutes to complete the activity and indicate that they should nominate a person who will be reporting back to the rest of the participants.

Group 1	Group 2
Challenges that affect school going children and youth	Current statistics that affect the health and well-being of school-going children and youth

5. After 30 minutes bring all the groups back together and ask the group presenters to give a report back on their group's assigned questions.
6. After all the groups have presented, ask the participants if they have any questions or comments on the presentations.
7. Give your feedback on each group presentation and be sure to correct any misconceptions.
8. Recap the session through the PowerPoint presentation on the facts about HIV and AIDS.
9. Introduce and go over the STI chart with the participants. The chart shows pictures of STIs.
10. Before closing the session ask if there are any questions and address them accordingly.
11. Remind the participants to read through this module in the participants' manual, in their free time, to consolidate what they have learned.
12. Thank the participants

3. CHALLENGES THAT AFFECT SCHOOL GOING CHILDREN AND YOUTH

Young people in South Africa are confronted by many challenges, whereby they need to make long or short term life changing choices influenced by prevailing socio-economic conditions. Those in school face the pressures of finishing school and decisions about whether to continue studying.

3.1 Some of the common challenges that affect young people are as follows:



Some of these challenges increase the vulnerability of young people to engage in risky sexual behaviours and not being able to achieve their life goals.

3.2 Current Statistics That Affect the Health and Well-Being of School-Going Children and Youth

Main focus will be given to the following challenges affecting the health and well-being of school-going children and youth.

- Sexual abuse
- Teenage pregnancy
- HIV/AIDS and other STIs

3.2.1. Sexual debut before the age of 15 years: 15-24 age groups (Source: DBE policy (2015))

Province	2002	2005	2008	2012
Western Cape	6.0%	10.4%	9.3%	14.2%
Eastern Cape	7.7%	6.7%	7.8%	16.8%
Northern Cape	3.6%	4.6%	7.3%	10.1%
Free State	0.9%	7.8%	9.6%	10.3%
Kwa Zulu Natal	4.9%	4.5%	4.9%	7.6%
North West	2.5%	12.7%	8.5%	9.8%
Gauteng	6.3%	10.2%	7.8%	9.5%
Mpumalanga	4.9%	10.1%	15.0%	7.7%
Limpopo	5.5%	10.1%	11.2%	11.8%
National	5.0%	8.4%	8.5%	10.7%

3.2.2 Condom use at last sexual encounter: aged 15 and older (Source: DBE policy (2015))

Province	2002	2005	2008	2012
Western Cape	21.3%	22.5%	34.8%	24.3%
Eastern Cape	31.5%	35.8%	47.9%	37.9%
Northern Cape	16.9%	19.1%	30.3%	26.9%
Free State	35.1%	30.7%	47.4%	40.7%
Kwa-Zulu Natal	26.7%	36.3%	47.4%	39.6%
North West	26.6%	37.3%	48.0%	40.8%
Gauteng	31.6%	37.7%	42.1%	35.7%
Mpumalanga	24.2%	36.1%	51.7%	39.4%
Limpopo	27.6%	44.7%	52.6%	39.3%
National	27.3%	35.4%	45.1%	36.2%

3.2.3 Sexual and reproductive health trends for urban youth in South Africa

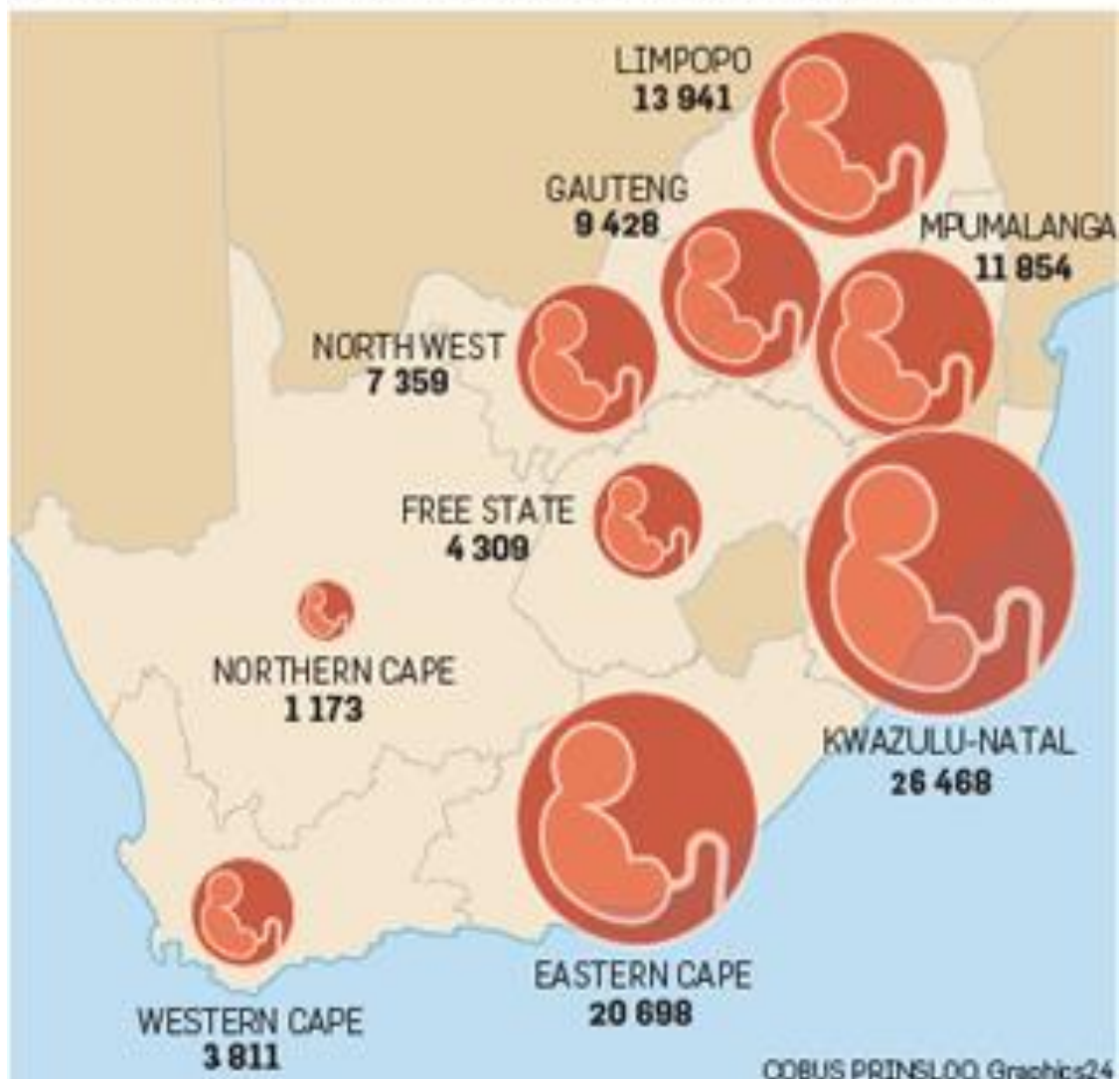
Sexuality among young people in South Africa has been the subject of much discussion over the last decade or so; this is spurred both by the very high rates of pregnancy among young women and the rapid spread of the HIV and AIDS pandemic across the country, particularly among young people.

The 2008 Youth Risk Behaviour Survey conducted by the national Medical Research Council (MRC), released in May 2010, interviewed more than 10,000 pupils of Grades 8-11 in over 200 public secondary schools countrywide. Almost 40% of 13-19-year-olds said they have had sex, with 13% reporting they first had sexual intercourse while under the age of 14

Activity	National (%)	Male (%)	Female (%)
Ever had sex	37.5	45.2	30.2
Ever had sex under the age of 13	18.8	25.1	14.8
Had two or more sexual partners	41.1	51.6	26.3
Had one or more sexual partners in the past three months	52.3	54.4	53.6
Learners who use contraception under age 13	17.3	10.2	24.9
Learners who use contraception	17.9	19.9	15.0
Percentage of learners who have been pregnant or made someone pregnant	19.0	15.2	24.4
Percentage of learners under 13 who have been pregnant or made someone pregnant	14.6	18.6	10.4
<i>Source: Actionaid (2012)</i>			

SA's teen-pregnancy crisis

Stats SA's General Household Survey focusing on schools, which was released this week, revealed that 99 000 teenagers fell pregnant in 2013. Here is the provincial breakdown:



3.2.4 HIV and AIDS data: HIV prevalence by age and gender- 2012

Age	Male	Female
0-14	2.3	2.4
15-19	0.7	5.6
20-24	5.1	17.4

Source: Nelson Mandela/HSRC survey (2012)

3.2.5 Sexual offences and reporting

Schools SAQ: rates by gender and area

One-third of young people have experienced other forms of sexual abuse such as being forced to do sexual things with someone from their peer group, being forced to have sexual intercourse or to watch pornography or someone masturbate, against their will.

Youth Report Sexual Abuse: *pic from DBE handbook on how to prevent sexual abuse in public school(July 2010)*



SECTION 4



Comprehensive sexuality education

LEARNING OBJECTIVE 4:

Explain what Comprehensive Sexuality Education is and articulate what parents need to know

LEARNING ACTIVITY 4.1: Comprehensive Sexuality Education

Aim of the session

This session aims to increase community awareness and knowledge of the school-based comprehensive sexuality education activity.

Outcome of the session



By the end of this session, participants will be able to:

- Explain the purpose of sexuality education and the scripted lesson plans,
- Explain the rationale of comprehensive sexuality education,
- Define and explain what sexuality entails,
- Explain the objectives of comprehensive sexuality education in schools, and



Materials

- Flip chart stand and paper
- Markers (preferably in a variety of colours)
- Laptop
- Data projector
- An extension cord
- Facilitators' manual



Estimated time: 45 minutes

Methods

- Brainstorming
- Demonstration
- PowerPoint presentation

Methodology

1. Engage the participants in a brainstorm session on their understanding of sexuality education. You can ask some of the following questions:
 - a) What is sexuality education?
 - b) What does sexuality education entail?
 - c) Why is it important to teach learners about sexuality in schools?
2. Lead the participants through the PowerPoint presentation on sexuality education.
3. Engage the participants in a discussion while conducting the presentation and allow them to give their input on the content presented.
4. Before closing the discussion, ask the participants if they have any questions and address the questions that arise accordingly.
5. Ask the participants to read through the module in their participants' manuals in order to reinforce the knowledge gained through the presentation.
6. Close the activity by explaining the key message to group
7. Thank participants and close the session.

4. SEXUALITY EDUCATION AND THE SCRIPTED LESSON PLANS (SLPS)

4.1 Purpose of the scripted lesson plans

Sexuality and HIV prevention education is a sensitive area and requires educators to be fully equipped and supported to teach it effectively in their classrooms. The scripted lesson plans (SLPs) are lessons on sexuality and HIV prevention which have been scripted for use by educators. They give the educators the words to use when teaching the topics as well as the tools and methodologies to use. The SLPs are not a stand-alone curriculum; they have been developed and aligned to Life Orientation curriculum.

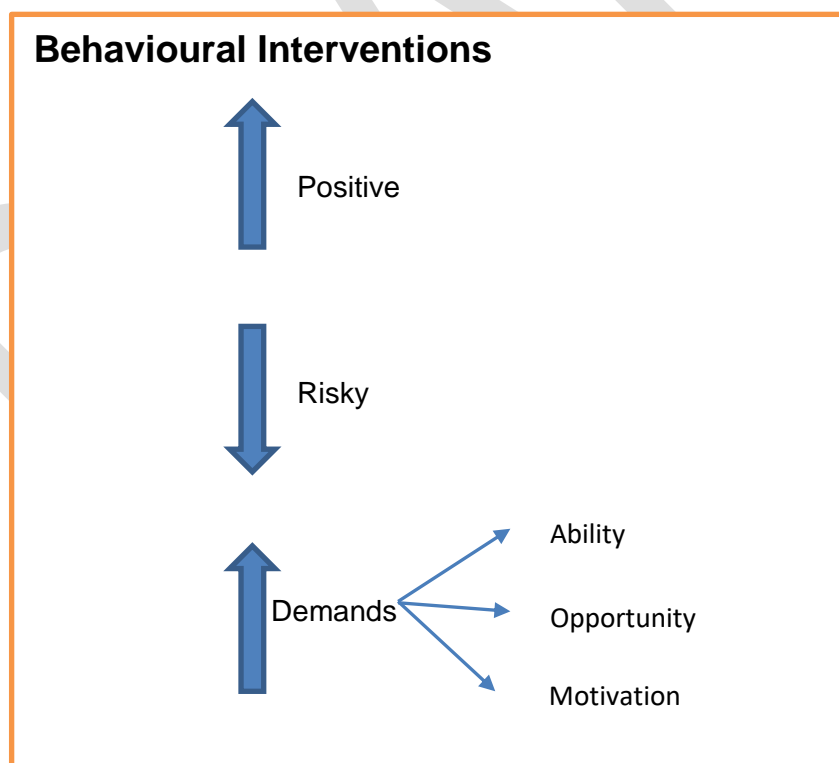
The content will be taught across Grades 4 to 12. Each topic and its content in the SLP can be taught within the year in line with the Annual Teaching Plan as discussed in the Life Orientation CAPS document. The purpose of providing the SLPs is to support the educators to teach sexuality education content.

Below are some of the topics addressed in the SLPs:

<ul style="list-style-type: none">▪ Sharing goals and steps to reach your potential▪ Remaining in school▪ Setting goals and reaching Your potential▪ Appreciation and acceptance of self and others▪ Assertive communication▪ Making decisions about sex	<ul style="list-style-type: none">▪ Making healthy sexual choices and knowing your limits▪ Healthy and unhealthy relationships▪ Your risks for STIs, HIV/AIDS and Pregnancy▪ HIV/AIDS and Stigma▪ Safer Sex – contraception and condoms
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4.2. Rationale of comprehensive sexuality education

The rationale of comprehensive sexuality education is to decrease risky sexual behaviour amongst learners and increase positive behaviour by facilitating behaviour change. See illustration below:



A comprehensive approach to sexuality education must encompass many things. The goals of comprehensive sexuality education, then, are to:

Provide information

About pregnancy, childbirth, HIV and AIDS, sexual response, abuse etc.

Develop values

Understand family and cultural values, increase self-esteem, develop insight about relationships

Develop interpersonal skills

Communication, decision-making, assertiveness, peer refusal skills

Develop responsibility

Help young people to be responsible about their sexuality

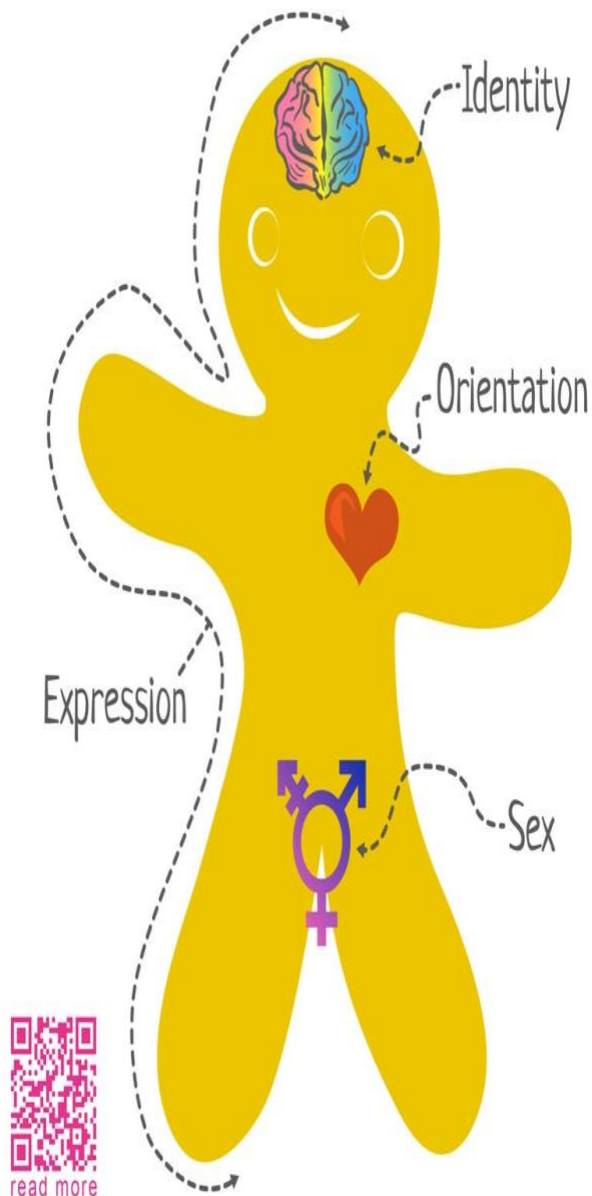
Defining Sexuality

Sexuality is a central aspect of being human throughout life encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction.

Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviours, practices, roles and relationships. While sexuality can include all of these dimensions, not all of them are always experienced or expressed. Sexuality is influenced by the interaction of biological, psychological, social, economic, political, cultural, legal, historical, religious and spiritual factors.” (Working definition: WHO, 2006)

The Genderbread Person

by www.ItsPronouncedMetrosexual.com



Gender Identity

Woman Genderqueer Man

Gender identity is how you, in your head, think about yourself. It's the chemistry that composes you (e.g., hormonal levels) and how you interpret what that means.

Gender Expression

Feminine Androgynous Masculine

Gender expression is how you demonstrate your gender (based on traditional gender roles) through the ways you act, dress, behave, and interact.

Biological Sex

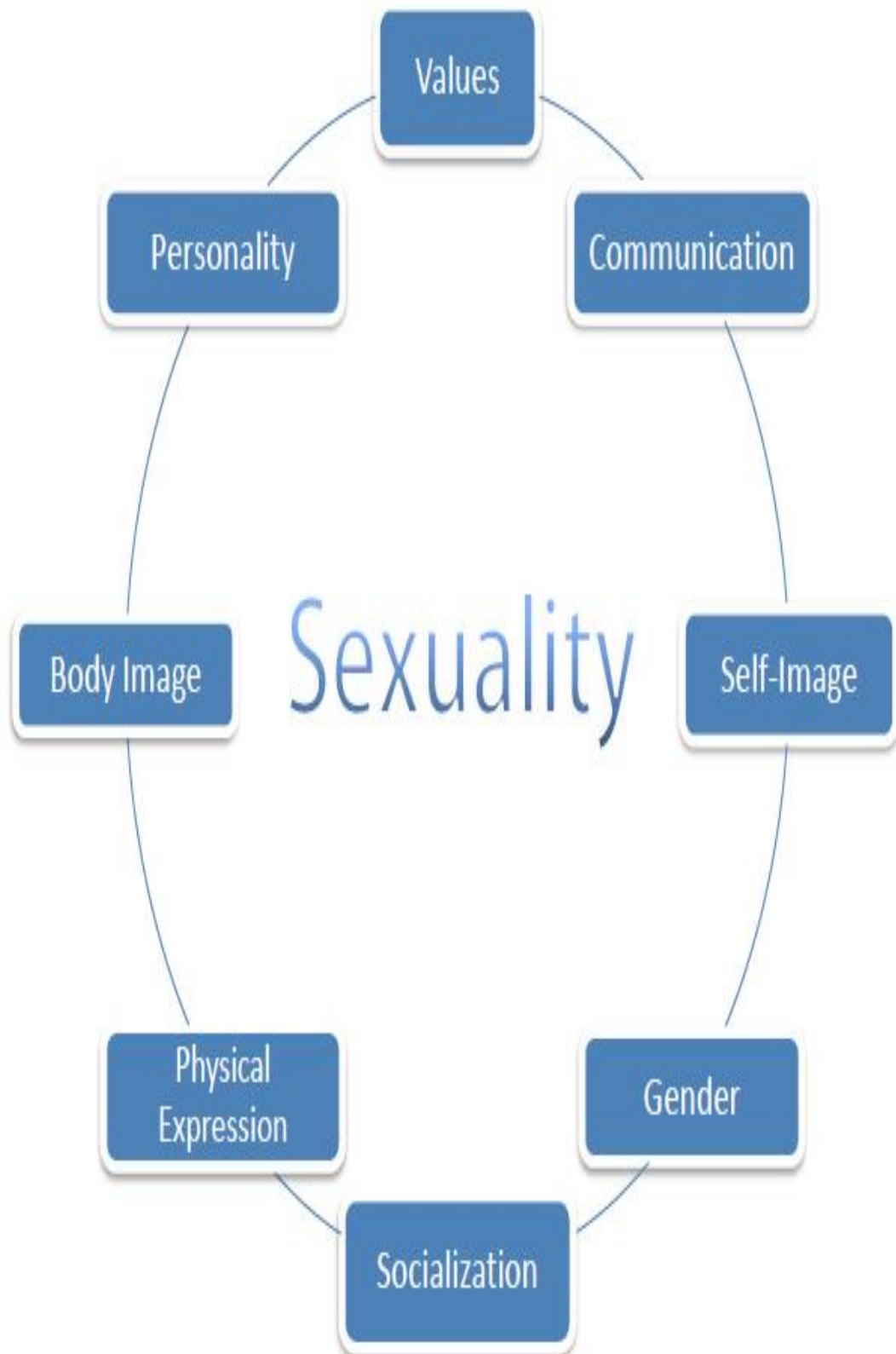
Female Intersex Male

Biological sex refers to the objectively measurable organs, hormones, and chromosomes. Female = vagina, ovaries, XX chromosomes; male = penis, testes, XY chromosomes; intersex = a combination of the two.

Sexual Orientation

Heterosexual Bisexual Homosexual

Sexual orientation is who you are physically, spiritually, and emotionally attracted to, based on their sex/gender in relation to your own.



4. 3. Understanding sexuality education

Sexuality education focuses on all the factors that feed into children and young people's sexual growth and development. Topics include their bodies, privacy, sexual decisions, respectful behaviours and language, and the place of sex in peoples' lives.



What sexuality education does	What sexuality education does not do
<ul style="list-style-type: none">• Addresses the age-appropriate developmental needs of young people• Discusses healthy relationships• Helps young people to better understand their bodies• Addresses psychosocial needs that affect the decisions and actions of young people• Builds life skills to help young people to have greater awareness, make responsible decisions, and take action when needed.• Promotes positive peer interactions, and addresses the dynamics between boys and girls, men and women that can lead to unsafe relationships• Discusses relationships (including sexual relationships) <p>This is what is being offered in schools</p>	<ul style="list-style-type: none">• Promote sex• Teach young people how to have sex• Take the place of important discussions that parents and caregivers should have with their children <p>This is not being offered in schools</p>

LEARNING ACTIVITY 5: Gallery Walk (Where to from here?)

Aim of the session

The session aims to create awareness to the relevant stakeholders on a specific issue or problem to ensure that a specific solutions or intervention are supported to succeed within a specific setting.

Outcomes of the session



By the end of this session, participants will be able to:

- Identify settings that a school may use to create awareness,
- Identify other role players to achieve the intended goals, and
- Plan to conduct an advocacy session for their school.



Materials

- gallery pictures
- schools, community meetings / imbizos , churches, parents meetings
- paper adhesive
- markers
- flip chart stand and paper



Estimated time: 45 minutes

Methodology

1. Introduce the topic, *Advocacy: The gallery wall*.
2. Ask the participants to form groups according to the school they represent.
3. Explain the term “advocacy”.
4. Give participants 5 minutes to walk around the gallery.
5. Ask the participants to sit as a group and put together their advocacy plan.
 - The participants will identify areas where they will advocate the SLPs.
6. The participants will document strategies that they will use to create awareness about the *South African School-based Sexuality and HIV Prevention Education Activity* to teachers, parents and the community.

7. Take note of the number of schools that are represented to ensure that each school submits an advocacy plan.
8. Ask two or three schools to present their plans and facilitate a discussion with the rest of the group.
9. Wrap up the session by addressing any outstanding issues
10. Thank the participants and close the session.

DRAFT

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